

AC 4699

COUNTY OF ZETLAND

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

1958

Public Health Office,
Brentham Place,
LERWICK, September, 1959.

To

The Department of Health for Scotland
The County Council of Zetland
The Town Council of Lerwick
The Education Committee of Zetland County Council

Ladies and Gentlemen,

I beg to submit my Annual Report on the Public Health
Administration of the County for the year 1958.

I am,
Your obedient Servant,

S.A.B. Black,
Medical Officer of Health.

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VITAL STATISTICS

The following is a summary of the principal statistics for the year 1958. Figures for the years 1956 and 1957 are given for comparison. The figures given are corrected for transfers.

| | <u>Zetland</u> | | | <u>Scotland</u> |
|---|----------------|-------------|-------------|-----------------|
| | <u>1956</u> | <u>1957</u> | <u>1958</u> | |
| Population (estimated) | 18,582 | 18,436 | 18,373 | |
| Crude death rate per 1,000 population | 16.5 | 16.7 | 15.0 | |
| Death rate adjusted for age and sex distribution | 10.8 | 10.9 | 9.8 | 12.0 |
| Live births (including illegitimate) | 257 | 270 | 273 | |
| Birth rate (per 1,000 population | 13.8 | 14.6 | 14.9 | 19.2 |
| Illegitimate birth rate (per 100 births) | 2.7 | 4.1 | 4.4 | 4.1 |
| Infant mortality rate | 39 | 41 | 29 | 28 |
| Deaths from tuberculosis (all forms) | 1 | 1 | 1 | |
| Death rate from tuberculosis (all forms) | 0.05 | 0.05 | 0.05 | 0.13 |
| Deaths from pulmonary tuberculosis | - | 1 | 1 | |
| Death rate from pulmonary tuberculosis | - | 0.05 | 0.05 | 0.12 |
| Deaths from principal epidemic diseases | 2 | 4 | 1 | |
| Death rate (per 1,000 population) from principal epidemic disease | 0.11 | 0.22 | 0.05 | 0.03 |

The table on page 1 gives a summary of the principal statistics for the past three years and the rates for the whole country for comparison.

The Registrar General's estimate of the population of the county in the middle of the year 1958 is 18,373 which is a drop of just over 200 in the last two years, and is 979 less than the census figure in 1951.

For the last ten years the number of births in the county has been less than the number of deaths, and immigration of people to the county has been less than emigration from the county.

The decrease in population between the census of 1931 and the census of 1951 was 2,069 - a rate of decrease of about 103 a year. The rate of decrease since the 1951 census has been 140 a year. These are the sad facts.

Births during 1958 numbered 273 which is almost exactly the average number for the past five years.

There were 275 deaths during 1958 which is the lowest number of deaths ever recorded in one year.

There was one death from tuberculosis during the year.

Figures for tuberculosis and for infant deaths are discussed later on in this report.

The table below shows in order of frequency the most common ascribed causes of death:-

| <u>Cause</u> | <u>Number</u> | <u>Percentage of Total Deaths</u> |
|---|---------------|---------------------------------------|
| Arteriosclerotic and degenerative heart disease | 102 | 37.09 |
| Vascular lesions affecting central nervous system | 44 | 16.00 |
| Malignant neoplasms | 41 | 14.90 |
| Other circulatory disease | 10 | 3.63 |
| Other diseases of heart | 7 | 2.5 |

All the causes of death mentioned in the above table are conditions associated with old age.

Our proportion of deaths due to "violence" and "accidents" is lower than in the south.

Cancer of the Lung

There were five deaths from cancer of the lung among the forty-one deaths from malignant neoplasms mentioned in the table above.

The Department of Health have asked Medical Officers of Health to comment in their reports on the action taken by their local authorities to publicise the advice of the Medical Research Council on the connection between smoking and lung cancer. We are also asked to comment on the general response received from the public.

I cannot report that we as a local authority have paid much attention to the matter so far, and the public have shown complete indifference.

I repeat below what I wrote in last year's report about this subject:- /

"During 1957 the County Council discussed this subject and the necessity for persuading adolescents to remain non-smokers. A motion was made that in order to set an example members should refrain from smoking at the County Council's meetings. This was debated at length and was only carried by the casting vote of the Chairman. The opposition aroused by this suggestion of a mild restriction in the smoking liberties of members probably counteracted the good that was intended by the motion.

"The Medical Research Council has shown that there is good evidence that heavy and prolonged smoking of cigarettes is associated with an increased risk of acquiring cancer of the lung. The British Medical Association has recently issued a publication supporting the Medical Research Council's report and answering the various objections which are raised whenever this matter is discussed.

"Bronchitis, aggravated by smoking, causes much loss of work throughout the country.

"The task of persuading young people not to start the habit of smoking is a difficult one. People are usually reluctant to believe what they do not want to believe. Young people in any case are unlikely to be deterred by the risk of acquiring a serious illness at some date twenty to thirty years ahead in the future. The yearly expenditure on advertising tobacco and smokers' requisites is over 2 million pounds and is twenty times as great as the entire expenditure on all non-commercial health publicity." ⁵

The pattern of the incidence of the disease shows that factors such as occupational hazards or atmospheric pollution can only be a minor cause of the increase in the incidence of lung cancer, yet it is pathetic to see how some smokers grasp at any suggestion that might remove attention from the major role played by cigarette smoking.

The climate of opinion at present is such that I think we must wait and hope that in a few years time the public will start listening to the small voices of the few who are trying to call attention to this health hazard. In the meantime we should do what we can to persuade the young that they will be healthier (as well as richer) by not acquiring the habit of smoking.

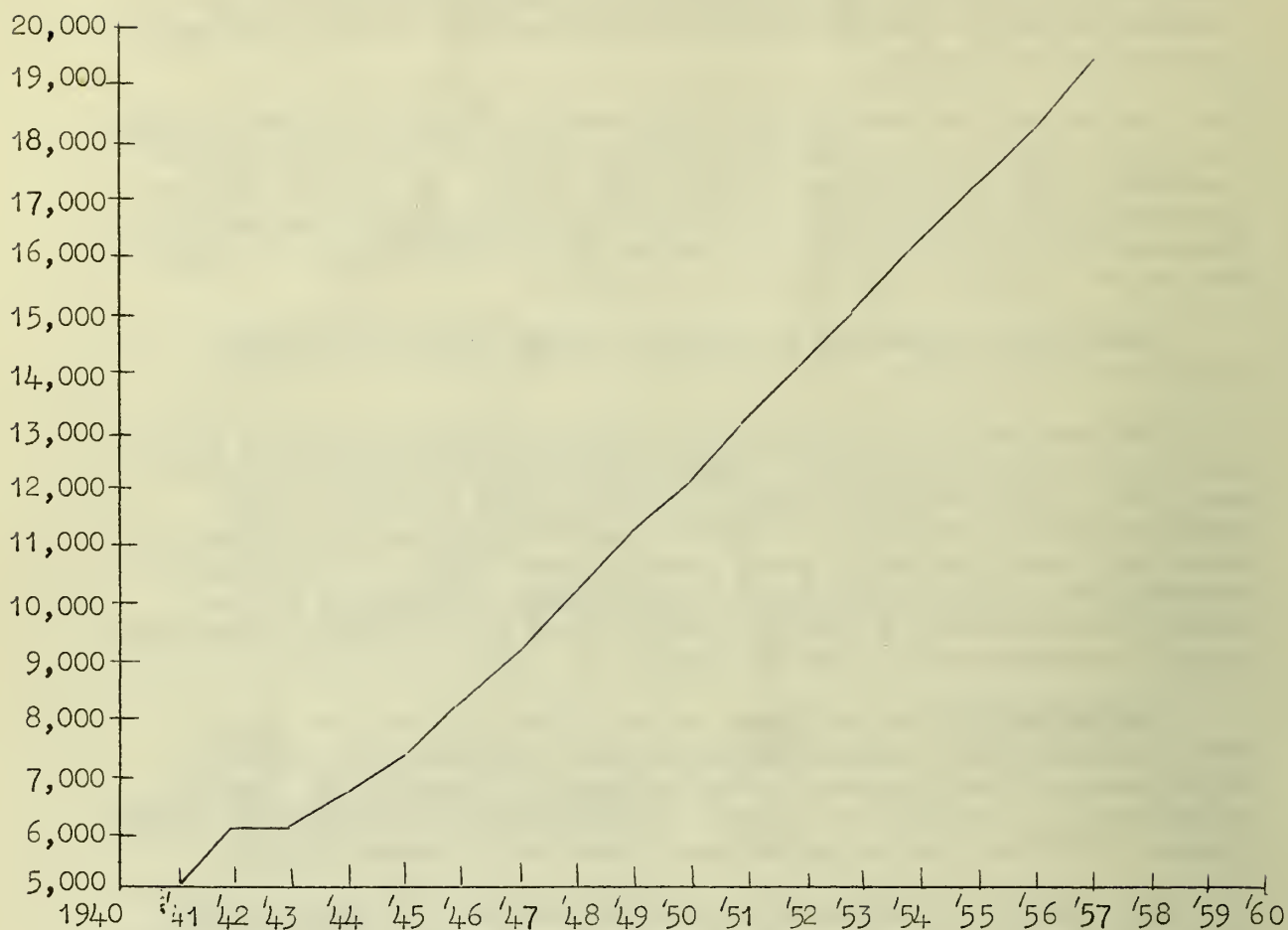
Some efforts have been made to do this by means of posters and leaflets, but not with much success.

The new Clean Food Regulations may at least do something to dissuade food handlers from smoking while working.

On the following page is a graph showing the deaths from lung cancer in England and Wales in recent years. (I have not got the Scottish figures handy). Any interested in this subject may like to work out what the number of deaths are likely to be each year for the next ten years if the rate of increase continues in the same regular line. (By then, perhaps, a great deal of attention will have to be given to this subject).

^x Smoking - The Facts, by Harvey Graham, M.D., published by B.M.A.
⁵ Roy. Soc. of Health Journal 1958, Jan.-Feb. No. 1, 8-17.

CANCER OF THE LUNG AND BRONCHUS
DEATHS - ENGLAND AND WALES - 1940-57



The following table shows the number of deaths at various ages from all causes.

| | <u>1958</u> | | |
|-------------|-------------------------|-----------------|---------------|
| | <u>Number of Deaths</u> | | |
| | <u>Males.</u> | <u>Females.</u> | <u>Total.</u> |
| All ages | 119 | 156 | 275 |
| - 1 | 4 | 4 | 8 |
| 1 - 4 | - | - | - |
| 5 - 9 | - | - | - |
| 10 - 14 | - | - | - |
| 15 - 24 | - | - | - |
| 25 - 34 | 4 | 1 | 5 |
| 35 - 44 | 6 | 4 | 10 |
| 45 - 54 | 7 | 9 | 16 |
| 55 - 64 | 16 | 9 | 25 |
| 65 - 74 | 30 | 31 | 61 |
| 75 - 84 | 34 | 63 | 97 |
| 85 and over | 18 | 35 | 53 |

The table is similar to the equivalent table in the reports for the last few years, but there were thirty three fewer deaths than in 1957, and no deaths at all occurred in 1958 of persons between the ages of 1 year and 25 years.

CARE OF MOTHERS AND YOUNG CHILDREN

The table below shows the figures for the past five years for stillbirths, neo-natal deaths and all deaths of infants under one year of age. (By "neo-natal" deaths are meant the deaths of infants during the first month after birth - most infant deaths occur within the first few days after birth and are caused by birth injuries, malformations, immaturity or other causes, the prevention of which is difficult).

| | <u>1954</u> | <u>1955</u> | <u>1956</u> | <u>1957</u> | <u>1958</u> |
|---------------------------|-------------|-------------|-------------|-------------|-------------|
| Births | 273 | 294 | 257 | 270 | 273 |
| Total deaths under 1 year | 12 | 4 | 10 | 11 | 8 |
| Neo-natal deaths | 11 | 4 | 8 | 7 | 6 |
| Stillbirths | 11 | 4 | 10 | 4 | 10 |
| Infant Mortality Rate | 44 | 14 | 39 | 41 | 29 |

As we are dealing with a small number of births our infant mortality rate can show big variations from year to year.

A truer picture can be got by taking a view of the figures over a five year period. In the period 1954-1958 there have been 1,367 live births and 45 deaths of infants, which would give a rate of 33 for the period. The actual rate for 1958 was 29 which is slightly higher than the rate for Scotland (27.7).

Our infant mortality rate has varied between 33 and 27 for about twenty years when calculated over five year periods, and it does not seem to be getting any lower. As has been explained in previous reports, we once had an infant death rate which was far lower than the rate for Scotland, but during the last twelve years the infant mortality rate in the south (particularly in the cities) has improved markedly, and we can no longer claim any advantage.

36 of the 45 infant deaths in the last five years were neo-natal deaths; once an infant mortality rate gets to the 30 mark it becomes increasingly difficult to lower the rate further.

The Child Welfare Clinic at Hillhead was attended by 165 different infants who made a total of 1,383 attendances.

In the whole county including the town of Lerwick 5,553 visits were made by District Nurses and by the Health Visitor to 1,328 children of pre-school age.

WELFARE FOODS

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The Local Authority's office situated in the Welfare Centre at Hillhead continues to issue vitamin preparations and to post National Dried Milk to country districts.

In country districts the District Nurses help in the distribution of vitamin preparations to mothers.

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

What is known as the "Priority Dental Service for Mothers and Young Children" is a Local Authority responsibility under the Health Act. Nursing and expectant mothers are entitled to the services of a Local Authority dentist. A few years ago when the school dental service was in difficulties the service could hardly be described as a priority service for mothers, as there was little that one overworked school dentist could do for them. However, now that the county has only one dentist in private practice and two dentists in the School Dental Service, mothers and pre-school children may find the Local Authority dental service of increasing value. While the shortage of dentists in the country continues the service cannot hope to be adequate. The school dental officers have endeavoured to find time to fit in appointments for some mothers and young children in recent years as the table below shows. The demand for this service is surprisingly small.

| <u>Numbers treated by School Dental Officers</u> | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|
| | <u>1954</u> | <u>1955</u> | <u>1956</u> | <u>1957</u> | <u>1958</u> |
| Expectant mothers | 2 | 6 | 9 | 68 | 3 |
| Nursing mothers | 8 | 4 | 5 | 18 | 8 |
| Pre-school children | 50 | 62 | 100 | 51 | 55 |

MIDWIFERY

During 1958 there were 217 confinements in hospital and 60 confinements at home. This is approximately the same proportion of domiciliary confinements as has occurred in recent years.

21 midwives notified their intention to practise midwifery in the county.

10 of our District-Nurse-Midwives are qualified to administer gas and oxygen analgesia. Two of the nurses are qualified to administer Trilene analgesia.

There were no cases of puerperal pyrexia or of puerperal fever notified during the year.

Statistics about mother and child welfare and the maternity services are given on page 1 of the Appendix to this report.

HEALTH VISITING AND HOME NURSING

Our public health nursing staff consists of the Nursing Superintendent and twenty-one District Nurses. One of the District Nurses works as a whole time trained Health Visitor, the remainder are district-nurse-midwives who also act as health visitors.

The District Nurses play a most responsible part in enabling the County/

County Council to fulfil its duties under the Health Act.

We are fortunate that more than half of our nurses have been working in the county for several years. During 1958 three nurses were recruited to the permanent staff and four nurses left the county. We were unable to recruit a permanent supernumerary nurse for relief duties, and for a time there was some difficulty in obtaining a nurse for Foula.

A large proportion of any District Nurse's time is taken up with the nursing of old persons, and as these duties increase there is a danger that the nurses will have too little time available for health education and preventive work.

Until the recruiting of district nurses for work in island areas of the county becomes easier we cannot plan much expansion of the service.

The Public Health Committee have always recognised the importance of good housing and good working conditions for the nursing staff, and new nurses houses have been provided in eight areas since the County Council took over the District Nursing Service from the Nursing Associations. Some Nursing Associations are still giving valuable help to the Nursing Service by providing equipment and comforts for the nurses.

CARE OF THE Aged. DOMESTIC HELP SCHEME.

The most difficult responsibility facing the County Council at present is the task of caring for the aged.

In reporting on this subject I cannot avoid repeating information which has been given to the Welfare Committee at different times in the past in various reports. There has been little change to report in the situation in recent years.

The proportion of old persons in the county is higher in Shetland than in any other county, and is twice as high as the figure for Scotland as a whole. In country areas one person in every five is of pensionable age, and over two hundred of these old people in the country districts are living alone.

There are roughly 2,000 people over seventy years of age in the county.

In many cases the problem of looking after these old people during the last few months of their lives is in itself difficult, but obviously we owe them more than merely care during their terminal illness. Most of them prefer to be left in peace in their own homes, and in many cases the help needed is in housekeeping tasks (such as fetching peats and water, washing clothes, or cleaning the house) rather than actual nursing help.

In the south there are many ways of helping old persons which are scarcely practicable in country areas of this county. ("Meals-on-wheels", old folks clubs, regular visiting by voluntary societies, and other such services are difficult to organise outside a town or village).

The main ways by which the old are helped in this county are summarised below:-

1. Neighbourly help. The willing help of neighbours and relatives (often quite distant relatives) is the main means by which most old people are able to carry on in reasonable comfort in their own homes. There is a great deal of such help being given in the county. We generally hear all about it on the rare occasions when neighbourly help is not given, but there are many cases where help is unselfishly provided/

provided for long periods by good neighbours. Such cases do not get noticed so easily by the public.

2. Domestic Help Scheme. When a household cannot be kept going Welfare Officers can endeavour to use the modified form of home help service which has been on trial in this county for the past few years. The scheme has helped to spare institutional beds for other cases and has saved several old persons from the distress of having to leave their homes to be admitted to an institution.

Conditions in most areas of the county are such that we could not employ a permanent staff of whole-time domestic helpers, as is usually the practice in the south. The cases needing help are so scattered that we usually have to employ someone living in the neighbourhood to help one particular case. The scheme is reserved for cases where no other solution can be found, and at the end of 1958 three whole time and 10 part-time helpers were being employed in the scheme.

The demand for the services of this scheme is growing, and it is important that the scheme should not be misused.

3. Eventide Homes. There are 29 beds in Viewforth Home, and a further 13 beds will be available in Leog House when this building is ready to be opened as an eventide home. There are also at any one time usually about 5 "Local Authority" cases living in the Brevik Hospital.

The demand for beds in hostels for old persons is not as great as one would expect considering the numbers of old people in the community. This is understandable when one remembers that most old people are naturally reluctant to leave their home area and to travel into town to live among strangers unless they absolutely have to do so.

Consequently many of them prefer to struggle on until they get past the stage of being suitable applicants for a place in an eventide home; they then become candidates for admission to a geriatric bed in the hospital service. In this county the demand for beds for patients needing hospital care is more urgent than the demand for beds in old people's hostels. The average age of those who are admitted to Viewforth is higher than one finds among the occupants of similar hostels in the south, and in many cases they are as a result far feebler than the people I have seen in eventide homes elsewhere.

This means that the staff have more work to do. The standard for staffing eventide homes (see paragraph 29 of "The Ageing Population" - report by Standing Medical Advisory Committee, Department of Health 1953) is in my opinion too meagre, especially if the home is occupied almost entirely by people of very advanced age.

4. Hospital Beds. Old persons requiring skilled nursing attention are admitted to the Brevik Hospital, and by force of circumstances such cases are also admitted to the Sanatorium (where they occupy about a third of the beds) and sometimes to the wards of the Isolation Hospital. Hospitals should not be used to accommodate old persons merely because one cannot think of any other solution to the problem of caring for them. If hospital accommodation was misused in this way the community would soon find itself with a large proportion of its hospital beds "blocked" by long-stay cases. The hospitals would then be unable to perform their proper function.

Hospitals at any time can only look after a small proportion of the large number of old persons in the community, and the selection of cases for hospital admission is not an easy task. Fortunately, the general practitioners in this county have a wide experience of geriatric work and are experienced in choosing the most suitable cases for the limited number of institutional beds available.

At the end of the year extensive structural improvements were made at the Brevik Hospital. The bathrooms and lavatories at both the women's end and the men's end of the hospital were re-built, and two small wards were constructed for isolating patients when necessary.

These/

These improvements could not have been made without the help of the County Council's Welfare Committee who co-operated by allowing fourteen patients from the Brevik Hospital to be accommodated for some months in Leog House.

Despite the difficulties of the problem one usually finds that in any one parish at any one time there are usually not more than two or three old people who are real problems to their neighbours and others. Looked at in this way the task seems more manageable. Our services will not break down so long as the general public continue to help and do not decide that the matter is solely the duty of some public body.

Although the problem is increasing we need not allow ourselves to be glum about it. We can still in the next few years try to improve the standard of care we are giving to the aged.

We will need all the help we can get from sympathetic voluntary bodies. The Lerwick Old People's Welfare Committee continues to do good work. So do members of other societies and of Church Guilds.

I am sure that the Welfare Committee of the County Council would welcome any new ideas and suggestions from people interested in this part of their work.

VACCINATION and IMMUNISATION

Vaccination against Smallpox

For many years only about a dozen infant vaccinations were done each year in this county. However, in 1956 over forty infants were vaccinated, in 1957 thirty, and in 1958 68 infants were known to have been vaccinated. A few others were no doubt vaccinated without the Public Health Office having a record of the fact. This is an improvement, but less than a quarter of the infants born in a year are vaccinated; this is probably a lower proportion than in any other county. It is a pity that more mothers do not realise the advantages of having a child's first vaccination done during infancy. This makes subsequent re-vaccination safer and easier. Vaccination is required before a young adult can be accepted into the nursing profession, the merchant service, the armed forces of the Crown and some other occupations; it is usually required before one can travel overseas by air. It is, therefore, unlikely nowadays that anyone will escape being vaccinated sometime in adult life. Adolescence is not the safest age for undergoing a first vaccination. Primary vaccination is probably best given between the ages of one year and four years.

Diphtheria Immunisation

During 1958 there were fewer children immunised against diphtheria than in any year since immunisation against diphtheria was started during the war. Diphtheria immunising sessions at schools have not been held because during the last two years groups of school children of all ages have been receiving injections of poliomyelitis vaccine at intervals as supplies of vaccine became available. This has interfered with the normal routine of diphtheria immunisation, but as soon as the majority of children have received protection against poliomyelitis it should not be difficult to catch up with diphtheria immunising. There has been no case of diphtheria in the county for fourteen years.

Immunisation against Whooping Cough.

In August, 1957, the County Council extended their scheme under Section 26 of the National Health Service (Scotland) Act so as to include provision for immunisation against whooping cough. During 1958 'combined antigens' were not supplied by the local authority. Practitioners were supplied with a plain whooping cough vaccine. So far/

far not many infants have been immunised under the scheme but the demand is increasing.

Eighty-seven infants each received three immunising injections against whooping cough.

Poliomyelitis Vaccine.

During 1958 vaccination against poliomyelitis was offered to all children under fifteen years of age, to expectant mothers, and to various hospital workers and their families.

Practitioners held immunising sessions in their surgeries and also visited schools in their areas. The Medical Officer of Health held immunising sessions at the Hillhead Clinic and in the Lerwick schools.

Altogether 1,730 doses of poliomyelitis vaccine were used during the year, 248 children were given two injections each by the Medical Officer of Health, and 617 children were given two injections each by practitioners.

(After the end of the year when supplies of vaccine were more readily available many more immunisations were able to be done).

Protection against tuberculosis by B.C.G. vaccine is discussed on page 11.

Statistics about immunisation are given on page 3 of the Appendix.

The programme of immunisation against infectious diseases which faces a young child is becoming rather formidable.

In last year's report a table was given for the guidance of parents to show a suggested programme of immunisation. This whole question has been under discussion by the Society of Medical Officers of Health and other bodies, and our provisional programme will be modified from time to time depending on the advice of expert bodies. In the meantime last year's table is given below without modification.

There is no great disadvantage (in this county at any rate) in running through the programme at a slightly older age, nor is it essential to follow exactly the order given.

A Possible Programme for Immunisation in Childhood.

| Age. | Booster Dose. | |
|--------------------------|--|--|
| 2 months | 1st dose Pertussis (whooping cough) vaccine. 2 years old. | |
| 3 months | 2nd dose Pertussis vaccine | |
| 4 months | 3rd dose Pertussis vaccine | |
| 4 months or 5 months | Convenient time for Smallpox vaccination, or give it any time in the first 4 years of life. | |
| 6 months | 1st dose Poliomyelitis vaccine | Booster dose |
| 7 months | 2nd dose Poliomyelitis vaccine | 1 year later. |
| 8 months | 1st dose Diphtheria prophylactic | Booster dose |
| 9 months | 2nd dose Diphtheria prophylactic (The Diphtheria and Pertussis vaccine can be given together as a combined injection usually with protective inoculation against tetanus as well). | on going to school at 5 or 6 yrs. old. |
| 13 years to 15 years. | B.C.G. vaccine (will be given at school) | |

PREVENTION OF ILLNESS, CARE AND AFTER CARETuberculosis

There was one death from pulmonary tuberculosis during 1958.

The table below shows the average number of notifications and deaths each year during five year periods:-

| <u>Year</u> | <u>NOTIFICATIONS</u> | | | <u>DEATHS</u> | | |
|----------------------|----------------------|-----------------------|---------------|-------------------|-----------------------|---------------|
| | <u>Pulmonary.</u> | <u>Non-Pulmonary.</u> | <u>Total.</u> | <u>Pulmonary.</u> | <u>Non-Pulmonary.</u> | <u>Total.</u> |
| 1931-35 (Average) | 31 | 30 | 61 | 22 | 11 | 33 |
| 1936-40 (Average) | 27 | 17 | 44 | 12 | 8 | 20 |
| 1941-45 (Average) | 31 | 10 | 41 | 13 | 4 | 17 |
| 1946-50 (Average) | 22 | 8 | 30 | 10 | 1 | 11 |
| 1951-55 (Average) | 12 | 5 | 17 | 3 | 2 | 5 |

The table below shows the numbers of notifications and deaths for each of the last five years:-

| <u>Year.</u> | <u>NOTIFICATIONS</u> | | | <u>DEATHS</u> | | |
|--------------|----------------------|-----------------------|---------------|-------------------|-----------------------|---------------|
| | <u>Pulmonary.</u> | <u>Non-Pulmonary.</u> | <u>Total.</u> | <u>Pulmonary.</u> | <u>Non-Pulmonary.</u> | <u>Total.</u> |
| 1954 | 8 | 10 | 18 | 2 | 1 | 3 |
| 1955 | 11 | 3 | 14 | 3 | 2 | 5 |
| 1956 | 5 | 1 | 6 | - | 1 | 1 |
| 1957 | 9 | 7 | 16 | 1 | - | 1 |
| 1958 | 8 | 6 | 14 | 1 | - | 1 |

Notification of tuberculosis has become more complete in recent years, so the improvement is really even better than is shown by the above tables.

These figures are most encouraging. The only danger is that they might lull us into thinking that the risk from tuberculosis was now of little importance. The figures can still be further improved.

The best index available as to the extent of tuberculous infection within the community is the numbers of positive and negative reactors among school leavers who have been tested by the tuberculin reaction. (In 1957 only 27 per cent were positive in the whole of Scotland, whereas five years earlier 66 per cent were found to be positive).

Our figures have shown little change in recent years but the table below indicates that although the figures for Scotland are improving, Shetland is still an area where the chances of encountering a tuberculous infection are less than in most parts of the country.

| | <u>Children 13-14 years Tuberculin Tested.</u> | <u>Negative Reactors.</u> | <u>Percentage Negative.</u> | <u>Percentage School Leavers Negative in Scotland.</u> |
|------|--|-------------------------------|---------------------------------|--|
| 1954 | 319 | 282 | 88 | 63 |
| 1955 | 186 | 175 | 94 | 68 |
| 1956 | 235 | 219 | 93 | 72 |
| 1957 | 220 | 202 | 92 | 73 |
| 1958 | 198 | 183 | 92 | - |

The table shows that about nine out of ten children in this county leave school without having the chance to acquire any naturally developed/

developed resistance to the disease.

For this reason it is important that these young adolescents should be protected by B.C.G. vaccine before they go south to areas where they may be more exposed to infection.

Parents have co-operated well in recent years by consenting to about 80 per cent of all school leavers being tuberculin tested and being given B.C.G. vaccine when necessary. This work is done as part of the routine school medical inspection at all secondary schools.

During 1958 183 negative reactors among the 13 and 14 year old group were given B.C.G. vaccine.

The Medical Officer of Health acts as chest physician for the county. The Senior Tuberculosis Consultant of the North-Eastern Regional Hospital Board visits the county to advise on treatment and preventive work.

The chest clinic at the sanatorium out-patient department was attended by 175 different persons during the year who made a total of 322 attendances.

District Nurses during 1958 made a total of 435 visits to 84 persons on the tuberculosis register.

Chiropody

The County Branch of the British Red Cross Society continues to run a Chiropody Scheme for old age pensioners.

A visiting Chiropodist holds sessions at the Brevik Hospital and Viewforth under this scheme and also treats old persons at a clinic in Lerwick.

The Chiropodist's services are only available for a few days every two months and unfortunately are not easily available to country patients. The Red Cross County Branch paid for over 200 treatments for old people under the scheme in the course of the year. In the absence of any resident chiropodist in the county it would be difficult for the Local Authority or the Red Cross Society to try to extend the scheme.

Health Education

District nurses have taken the opportunity to give lectures on matters of health to women's clubs and other gatherings in their areas. Sets of film strips, posters, pamphlets and other 'aids' are kept in the Public Health Office for issue to nurses for this purpose.

The whole subject of health education of the public is rather complicated. Some 'health' pamphlets are more likely to cause anxiety and hypochondria if read by certain people. We have had experience of the use of at least one health poster the meaning of which was completely misunderstood by some of the public.

There are certain useful pamphlets which our nurses use as a matter of routine in the course of child welfare work. A pamphlet which explains to parents the use of B.C.G. vaccine has been used for some years.

Far the most effective method of health instruction is by informal conversation by a practitioner or a nurse known to the family. Health education could not use the blatant methods of some forms of commercial advertising, and it is unlikely that any efforts of this kind would be respected by the public.

The public health department hope in the next few years to get both the public and the food trade to be more interested in the whole subject of food hygiene.

Prevention of Accidents in the Home.

The very old and young children at the 'toddler' stage are the age groups who run most risk from home accidents.

During 1958 there were four deaths as a result of accidents in the home. (There were seven such deaths in 1957). All four were persons over seventy five years of age.

In the autumn a "Guard that Fire" campaign was held throughout Britain, because it is known that cases of severe burns cause many people to suffer for weeks or months in hospital each year.

Strangely enough our hospital records in recent years show surprisingly few severe burn cases. It is hard to understand why this is so. We have plenty of frail old people and there are many unprotected stoves of a type which stick out into the room.

However, most people will be able to recollect some sad occasion in the past when an old person in their neighbourhood has suffered from a severe or fatal burn.

The County Council joined in the campaign. Posters were purchased, window displays arranged and advertisements published. A number of fireguards were sold. There is no way of knowing how successful these efforts may have been.

INFECTIOUS DISEASES

The table below shows the number of cases of notifiable infectious diseases (excluding tuberculosis) in the county during 1958.

| Disease | At All ages | -1 | 1- | 5- | 15- | 25- | 45- | Received hospital treatment. |
|----------------------------|----------------|----|----|----|-----|-----|-----|------------------------------------|
| <u>Lerwick Burgh</u> | | | | | | | | |
| Cerebro-spinal Fever | 2 | - | 1 | 1 | - | - | - | 2 |
| Erysipelas | 1 | - | - | - | - | - | 1 | - |
| <u>County</u> | | | | | | | | |
| Erysipelas | 2 | - | - | - | - | 1 | 1 | - |
| Acute Primary Pneumonia | 2 | - | - | 1 | 1 | - | - | - |
| Paratyphoid B. | 1 | - | - | - | 1 | - | - | 1 |
| Food Poisoning | 3 | - | 1 | 1 | - | 1 | - | - |

The case of paratyphoid fever acquired the infection in Edinburgh although the illness did not develop until the patient reached this county.

Infectious diseases not recorded in the above table (because not notifiable) included cases of mumps which occurred in different parts of the county at the end of 1958; and cases of mild influenza which was fairly widespread at the beginning of the year.

In November there were many cases of measles among children in Cunningsburgh.

MENTAL HEALTH SERVICES

There are 18 certified mental defectives in the county. Nearly all are in the care of relatives. They are visited by practitioners and by welfare officers.

The welfare officers in each area act as "duly authorised officers" under the County Council's arrangements for working Section 27 of the National Health Service (Scotland) Act, 1947.

Consultant physicians from Kingseat Hospital, Aberdeenshire, visit the county every two months and hold clinics for a few days on each visit.

There/

There were 5 certified patients sent to mental hospitals in the south during 1958. It is not known how many cases were admitted to hospital as voluntary patients.

NURSERY AND CHILD MINDERS REGULATION ACT.

There are no persons in this county known to be paid for acting as "child minders."

PORT HEALTH ADMINISTRATION

During the year there were 497 occasions on which vessels made a port in Shetland their first port of call after leaving a foreign country. In each case satisfactory Declaration of Health statements were received by Customs Officers.

FOOD SUPPLIES

Particulars of the administration of Acts and Orders dealing with milk, ice cream, meat and other foods are given in the report of the County Sanitary Inspector.

REPORT ON SCHOOL MEDICAL INSPECTIONYear ended 31st July, 1958School Medical Officer (part-time)

S.A.B. Black, M.D., D.P.H., D.T.M.&H.

School Dental OfficersH. Levison, L.D.S., F.D.S., R.C.S.
Miss J. G. Campbell, L.D.S.School Nurses (part-time)Lerwick - One.
Other Areas - 20 District Nurses in 20 areas in the
County.Specialist Medical Officers:-The various consultants of the North-Eastern
Regional Hospital Board to whom cases from
this county are referred.Clerks

2 (part-time)

GENERAL STATISTICSPopulation of Area - 18,436 (at start of school
year).

Number of Schools:-

| | | |
|------------------|---|----|
| Primary | - | 41 |
| Senior Secondary | - | 1 |
| Junior Secondary | - | 11 |
| Side Schools | - | 1 |

| | | |
|--|---|-------|
| Number of children on register | - | 2,918 |
| Number of children in average attendance | - | 2,693 |
| Percentage attendance for year | - | 92% |

REPORT ON SCHOOL MEDICAL INSPECTION

During the school year ending July, 1958, all schools were visited for medical inspection of the pupils except for the schools at Skerries, Trondra, Papa Stour and Fetlar.

Pupils in the following age groups were given routine school medical inspection:-

- (1) All entrants and pupils not previously given routine school medical inspection.
- (11) Pupils born in 1950 (examined for visual acuity and hearing only).
- (111) Pupils born in 1948.
- (1V) Pupils born in 1944.
- (V) Pupils born in 1941.

Table 1 of this report shows that 1,040 children were given routine examination. This was 84 fewer than in the previous year. 159 children not in the age groups for examination were re-examined because of some defect noted or suspected at a previous examination.

42 children missed examination through being absent on the day of the examination and a few other children in the schools not visited also missed examination. Altogether 96 per cent of those due for examination were actually examined.

Attendance of Parents at Inspections

Parents or other relatives attended with 254 of the children receiving routine inspection. Parents attended with 24 per cent of all children examined in the entrants group.

THE FINDINGS OF MEDICAL INSPECTION

Table 11 shows in detail under separate headings the number of defects found at systematic examinations. There are no figures that are unusual or that differ much from the same table in the reports for the last few years.

57 children were recommended for refraction because of defective vision compared with 90 children in the previous year. The reduction in the numbers needing glasses, or new lenses for their glasses may only be due to more parents realising the need for this, with the result that the want had been supplied before the child was re-examined at school inspection.

Fifteen children in the second age group ($7\frac{1}{2}$ year olds) required refraction. This is the age at which visual acuity is first tested at school inspection. As explained in the report for the school year 1956-57 we would not gain much by attempts at testing the visual acuity of all entrants; however, experiments with this idea are being made by some school authorities and will be watched with interest.

More frequent visits of the eye specialists have been arranged by the North-Eastern Regional Hospital Board, and this has resulted in a better service being available for children with eye defects.

Table 111 shows little difference from the same table in the reports of the last few years.

The table of weights and heights is similar to the equivalent table in the reports for the last few years. There is some variation in the weights of the fifth age group in different years, but otherwise this table seems to show little change.

Table V gives statistics of the work of the School Dental Service.

Mr. Levison has already submitted a separate report on this subject.

Under the heading 'Dental Health of School Children' the 1958 Report of the Department of Health states: "The eating of sweets and other delicacies between meals is undesirable but it is very widespread and a cause for serious concern. In face of public apathy not much can apparently be done about it and the remedy must lie in improved dental health education and publicity.Dental caries is the most widespread disease in this country and its eradication will not be achieved by the operations of conservative dentistry alone."

In the meantime the deterioration that has taken place in the state of children's teeth throughout the country continues, and in this county it is at least as bad as anywhere else.

Handicapped Children.

Table IV gives particulars about handicapped children. There are ten "educable" mentally handicapped children at ordinary schools who are nevertheless receiving a form of special education. Seven children with major physical handicaps are at ordinary schools. There were three children at special schools in the south at the end of the school year 1958.

There has recently been published by the Scottish Education Department a report entitled 'Provision for Handicapped Children.' This report states that "..... at least one child in every twelve is handicapped to an extent that requires special educational treatment and care of some kind." The report explains that for the majority of these children the special educational treatment can be provided at ordinary schools.

If this statement is true in the case of our school population, then about 250 children should require "special educational treatment of some kind." I do not think we can find a third of this number who are handicapped enough to require special education, even to a minor extent.

Each year some twenty or so children figure on Table IV of the school report. These are children who without doubt are handicapped. In addition there are a number of children with minor physical or mental imperfections (backward children, children with minor difficulties in articulation, stammerers, children with behaviour difficulties) who no doubt require some kind of modification in their educational treatment.

Such defects are often of a kind which cannot easily be detected at a routine school medical inspection.

The Director of Education has collected the names of pupils with minor handicaps of this kind from head teachers, but so far even by including all such names we can only produce a possible total of about 70 (most of whom are no doubt having their handicap taken into account in the course of their educational treatment).

During the school year 1959-60 special attention will be given to all the names on this list at medical inspections in case we are overlooking any pupils who could get further educational or medical help.

A table in the report mentioned gives the numbers and types of handicapped children which the writers of the report estimate would be present in each "education area." Their figures are based on the numbers per 1,000 children estimated to have these defects in the whole country. This table gives Shetland's estimated figures (on population basis) for some defects as follows:-

| | |
|---|----|
| Mentally handicapped (special school standard) | 44 |
| Mentally handicapped (residential school standard) | 6 |
| Mentally handicapped (occupational centre standard) | 6 |
| Maladjusted children | 32 |
| Stutterers | 29 |
| Speech defects | 57 |

If we include several names of pupils who are only 'backward' we might/

might manage to fill our quota for the total of the first three headings, as we can find 56 'possibles' for these headings. However we can only find 28 pupils with speech defects of any kind (including stutterers) and we have less than half a dozen maladjusted children.

There are various possible explanations why we should apparently be in this fortunate position:- (a) the definition of a defect requiring some "special educational treatment and care of some kind" is perhaps being extended by the writers of the report to include some very minor imperfections; (b) or else perhaps the information on which this table has been made is faulty and not applicable to rural areas; (c) possibly we are just a fortunate community with fewer handicapped children than most others; or (d) perhaps we are really failing to detect defects to such an extent that we should have three times as many handicapped children as we have so far discovered.

Perhaps all four possibilities are each playing a small part. We are a community in which teachers, nurses and doctors all know the children in their care fairly well and under these conditions it is difficult to believe that we are failing to detect a large number of children with mental or physical defects. However, before being too pleased with ourselves we should review the position carefully and consider some of the points made in the Scottish Education Department's report.

TABLE 1

Total number of children examined at:-

| (A) | | Systematic Examinations:- | Other systematic Examinations:- |
|--------------------------|--------------------|--------------------------------------|------------------------------------|
| Ordinary Schools | { Entrants | 273 | - |
| | { Second Age Group | 247 | - |
| | { Third Age Group | 237 | - |
| | { Fourth Age Group | 186 | - |
| Secondary Schools | { Fourth Age Group | 63 | - |
| | { Fifth Age Group | 34 | - |
| | | <u>1040</u> | <u>-</u> |
| | | <u><u>1040</u></u> | <u><u>-</u></u> |
| (B) Other examinations:- | | Special cases | 96 |
| | | Re-inspections by Medical Officer | 63 |
| | | | <u>159</u> |
| | | | <u><u>159</u></u> |

Number of individual children inspected at systematic examination, who were notified to parents as requiring treatment (excluding uncleanliness and dental caries):-

| | | |
|----------------------------------|---|-------------------|
| Entrants | - | 14 |
| Second Age Group | - | 20 |
| Third Age Group | - | 22 |
| Fourth Age Group | - | 39 |
| Fifth Age Group | - | 6 |
| Other systematic examinations | - | - |
| | | <u>101</u> |
| | | <u><u>101</u></u> |

Of 159 children given a re-inspection or special examination 26 were notified to parents as requiring treatment and 31 were noted for re-inspection again during the school year 1958-59.

TABLE 11

Return of number and percentage of individual children in each age group suffering from particular defects:-

[illegible]

T A B L E 11 (Cont'd).

[illegible]

T A B L E 11 (Cont'd).

| Nature of Defect | Total defective at all ages | Entrants | | Third Age Group | | Fourth Age Group | | Fifth Age Group | | All Ages | |
|---------------------------------|-----------------------------|----------|----------|-----------------|--------|------------------|----------|-----------------|--------|----------|----------|
| | | Boys | Girls | Boys | Girls | Boys | Girls | Boys | Girls | Boys | Girls |
| (c) Acquired (probable rickets) | 4 0.5 | 1 0.7 | 1 0.7 | 1 0.7 | - - | - - | - - | 1 6.7 | - - | 3 0.7 | 1 0.3 |
| (d) Acquired (Other causes) | - | - | - | - | - | - | - | - | - | - | - |
| 15. Infectious Diseases | - | - | - | - | - | - | - | - | - | - | - |
| 16. Other diseases or defects | 1 0.1 | - - | - - | - - | - - | - - | 1 0.8 | - - | - - | - - | 1 0.3 |

8. (b) Visual acuity:

| Nature of Defect. | Total defective at all ages | Entrants | | Second Age Group | | Third Age Group | | Fourth Age Group | | Fifth Age Group | | All Ages | |
|---|-----------------------------|-----------|------------|------------------|-----------|-----------------|------------|------------------|------------|-----------------|-----------|-----------|------------|
| | | Boys | Girls | Boys | Girls | Boys | Girls | Boys | Girls | Boys | Girls | Boys | Girls |
| Total number subjected to routine vision testing: | | 2 | 1 | 131 | 115 | 132 | 103 | 122 | 126 | 14 | 19 | 401 | 36 |
| Visual acuity: | | | | | | | | | | | | | |
| Fair | 63 8.2 | 1 50.0 | - | 7 5.3 | 6 5.2 | 5 3.8 | 15 14.6 | 8 6.6 | 13 10.3 | 4 28.6 | 4 21.1 | 25 6.2 | 30 10.4 |
| Bad | 55 7.2 | - | - | 3 2.3 | 9 7.8 | 11 8.3 | 5 4.9 | 10 8.2 | 13 10.3 | 1 7.1 | 3 15.8 | 25 6.2 | 30 8.4 |
| Number recommended for refraction | 57 7.5 | 1 50.0 | 1 100.0 | 4 3.1 | 11 9.6 | 4 3.0 | 7 6.8 | 10 8.2 | 13 10.3 | 3 21.4 | 3 15.8 | 22 5.5 | 30 9.0 |

Table of Average Age, Weight and Height of
Children examined at Systematic School Medical
Inspection During the Year Ended 31st July, 1958.

| <u>Group</u> | <u>Average Age</u> | | <u>Average Weight</u> | <u>Average Height</u> |
|---------------------------|--------------------|---------------|-----------------------|-----------------------|
| | <u>Years</u> | <u>Months</u> | <u>in lbs.</u> | <u>in inches</u> |
| <u>Entrants:-</u> | | | | |
| Males | 5 | 7.1 | 47.1 | 44.6 |
| Females | 5 | 6.9 | 45.1 | 43.8 |
| <u>Third Age Group:-</u> | | | | |
| Males | 9 | 6.2 | 71.0 | 53.7 |
| Females | 9 | 6.3 | 68.9 | 52.8 |
| <u>Fourth Age Group:-</u> | | | | |
| Males | 13 | 8.6 | 96.8 | 61.3 |
| Females | 13 | 7.2 | 103.9 | 61.5 |
| <u>Fifth Age Group:-</u> | | | | |
| Males | 16 | 8.5 | 139.2 | 67.8 |
| Females | 16 | 8.2 | 125.7 | 63.1 |

VISITS TO SCHOOL CHILDREN IN THEIR HOMES BY SCHOOL NURSES

133 children were visited by District Nurses in their capacity as School Nurses, and in connection with the School Medical Inspection work.

TABLE 111

Systematic Medical Examinations

| Classification | Entrants | | 3rd age group | | 4th age group | | 5th age group | | Total | |
|--------------------------------|------------------------------------|--------------------------------------|------------------------------------|--------------------------------------|------------------------------------|--------------------------------------|------------------------------------|--------------------------------------|---|---|
| | No. of children exd. in this group | % of the children exd. in this group | No. of children exd. in this group | % of the children exd. in this group | No. of children exd. in this group | % of the children exd. in this group | No. of children exd. in this group | % of the children exd. in this group | No. of children exd. at systematic medical exams. | % of the children exd. at systematic medical exams. |
| Group 1 | 255 | 93.41 | 209 | 88.19 | 213 | 85.54 | 28 | 82.36 | 705 | 88.90 |
| " 11(a) | 1 | 0.36 | 5 | 2.11 | 11 | 4.42 | 3 | 8.82 | 20 | 2.53 |
| " 11(b) | 3 | 1.10 | 1 | 0.42 | - | - | - | - | 4 | 0.50 |
| " 11(c) | - | - | - | - | - | - | - | - | - | - |
| Total | 4 | 1.46 | 6 | 2.53 | 11 | 4.42 | 3 | 8.82 | 24 | 3.03 |
| " 111 | 9 | 3.30 | 14 | 5.91 | 18 | 7.23 | 3 | 8.82 | 44 | 5.54 |
| " IV(a) | 5 | 1.83 | 6 | 2.53 | 7 | 2.81 | - | - | 18 | 2.28 |
| " IV(b) | - | - | 2 | 0.84 | - | - | - | - | 2 | 0.25 |
| Total | 5 | 1.83 | 8 | 3.37 | 7 | 2.81 | - | - | 20 | 2.53 |
| Total No. of children examined | 273 | 100.0 | 237 | 100.00 | 249 | 100.00 | 34 | 100.00 | 793 | 100.00 |

* Definitions of each group:- 1. Children free from defects. 11(a) Defective vision not worse than 6/12 in the better eye with or without glasses. 11(b) Conditions of the mouth and teeth requiring treatment. 11(c) Both (a) and (b). 111. Children suffering from ailments (other than those mentioned in 11) from which a complete recovery is anticipated within a few weeks. IV(a) Where complete cure or restoration of function (in case of eye defect, full correction) is considered possible. IV(b) Where improvement only is considered possible, e.g. without complete restoration of function.

Children in the 2nd Age Group are examined for visual acuity only and are therefore not classified into groups.

TABLE 1V

Return of ALL Exceptional Children of School Age in the Area

| Disability | At ordinary schools | At special schools or classes | At no school or institution | Total |
|--|---------------------------|-------------------------------------|-----------------------------------|--------|
| 1. Blind | - | - | - | - |
| 2. Partially sighted: | | | | |
| (a) Refractive errors in which the curriculum of an ordin- ary school would adversely affect the eye condition | - | - | - | - |
| (b) Other conditions of the eye, e.g. cataract, ulceration, etc., which render the child unable to read ordin- ary school books or to see well enough to be taught in an ordinary school | - | - | - | - |
| 3. Deaf: | | | | |
| Grade 1 | 1 | - | - | 1 |
| " 11(a) | 2 | - | - | 2 |
| " 11(b) | - | - | - | - |
| " 111 | - | 1 | - | 1 |
| 4. Defective speech: | | | | |
| (a) Defects of articulation requiring special educ- ational measures | 1 | - | - | 1 |
| (b) Stammering requiring special educational measures | - | - | - | - |
| 5. Mentally defective: | | | | |
| (Children between 5 and 16 years) | | | | |
| (a) Educable | 10 | 1 | - | 11 |
| (b) Ineducable | 1 | - | 4 | 5(+1)* |
| 6. Epilepsy | | | | |
| (a) Mild and occasional ... | 2 | - | - | 2 |
| (b) Severe (suitable for care in a residential school) | - | - | - | - |
| 7. Physically Defective: | | | | |
| (Children between 5 and 16 yrs.) | | | | |
| (a) Non-pulmonary tuberculosis (excluding cervical glands) | - | - | - | - |
| (b) General orthopaedic conditions | - | 1 | 1 | 2 |
| (c) Organic heart disease | 1 | - | - | 1 |
| (d) Other causes of ill health | 2 | - | - | 2 |
| 8. Multiple defects | - | - | - | - |

¶ One additional mentally defective child of school age is
in an institution for mental defectives in the south.

TABLE VDENTAL INSPECTION AND TREATMENT

Number of children who were:-

(1) Inspected by the dental officer:-

| | Age. | Systematic examinations. |
|------|---|-----------------------------|
| | 5 | 21 |
| | 6 | 27 |
| | 7 | 16 |
| | 8 | 27 |
| | 9 | 27 |
| | 10 | 30 |
| | 11 | 21 |
| | 12 | 10 |
| | 13 | 10 |
| | 14 | 14 |
| | 15 | 13 |
| | | <hr/> |
| | | 216 |
| | | <hr/> |
| (2) | Found to require treatment | 180 |
| (3) | Actually treated by the school dental officer | 142 |
| (4) | Number of attendances made by children for treatment | 577 |
| (5) | Fillings (a) Permanent teeth | 500 |
| | (b) Temporary teeth | 97 |
| (6) | Extractions - | |
| | (a) Permanent teeth | 489 |
| | (b) Temporary teeth | 605 |
| (7) | Number of administrations of a general anaesthetic for extractions | 373 |
| (8) | Other operations | |
| | (a) Permanent teeth | 151 |
| | (b) Temporary teeth | 46 |
| (9) | Half-days devoted to inspection | 13 |
| | Half-days devoted to treatment | 367 |
| (10) | Number treated under private arrangement. | 35. |

APPENDIXMATERNITY AND CHILD WELFAREDistrict Nurses employed as Health Visitors and
Health Visitor in Lerwick.

| | | |
|---|---|-------|
| Number of Expectant Mothers visited | - | 168 |
| Total visits made | - | 1,093 |
| Number of Children under 1 year of age visited | - | 331 |
| Total visits made | - | 2,429 |
| Number of Children between age of 1 - 5 years visited | - | 997 |
| Total visits made | - | 3,124 |
| No. of Tuberculosis Cases visited | - | 84 |
| Total visits made | - | 435 |
| No. of other cases visited | - | 12 |
| Total visits made | - | 286 |

Attendance at Lerwick Child Welfare Centre.

| | | |
|---|---|-----|
| Number of Expectant Mothers attending | - | 8 |
| Total attendances | - | 14 |
| Number of Children under 1 year attending | - | 87 |
| Total attendances | - | 937 |
| Number of Children 1 - 5 years attending | - | 78 |
| Total attendances | - | 446 |

Births During 1958

| | | | |
|-------|---|---|-----|
| (1) | Total number of live births during year (before correction for mother's residence) | - | 267 |
| | Total number of Stillbirths | - | 10 |
| (11) | Total number of births in (1) occurring in institutions | - | 217 |
| (111) | Total number of births occurring at home:- | | |
| | Doctor present | - | 51 |
| | Doctor not present | - | 9 |

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

| | No. inspected. | No. requir- ing treatment. | No. accept- ing treatment. | No. actually treated. |
|---------------------|-------------------|-------------------------------|-------------------------------|--------------------------|
| Expectant Mothers | 4 | 3 | 3 | 3 |
| Nursing Mothers | 16 | 8 | 8 | 8 |
| Pre-school children | 71 | 60 | 60 | 55 |

TUBERCULOSISNumber of Cases Diagnosed as suffering from Tuberculosis

| | <u>Males</u> | <u>Females</u> | <u>Total</u> |
|-----------------|--------------|----------------|--------------|
| Respiratory | 3 | 5 | 8 |
| Non-Respiratory | 4 | 2 | 6 |
| | <u>7</u> | <u>7</u> | <u>14</u> |

Number of Cases of Respiratory Tuberculosis with their Home Residence in the Area who received Treatment in Sanatoria or other Institutions

| | <u>Males</u> | <u>Females</u> |
|-----------------------------------|--------------|----------------|
| In Institutions on Jan. 1st: | | |
| Adults | 6 | 3 |
| Children | - | - |
| Admitted during the year: | | |
| Adults | 7 | 5 |
| Children | - | - |
| Discharged during the year: | | |
| Adults | 8 | 5 |
| Children | - | - |
| Died in Institutions: | | |
| Adults | - | 1 |
| Children | - | - |
| In Institutions on December 31st: | | |
| Adults | 5 | 2 |
| Children | - | - |

Number of Persons resident in the Area at 31st December, 1958 who were known to be suffering from Tuberculosis

| | | | |
|------------------|---------|---|----|
| Respiratory: | Males | - | 47 |
| | Females | - | 36 |
| Non-Respiratory: | Males | - | 19 |
| | Females | - | 21 |

B. C. G. VACCINATION

| | <u>Tuberculin</u> <u>Tested.</u> | | <u>Negative</u> <u>Re-actors.</u> | | <u>Vaccinated</u> <u>during 1958</u> | |
|--------------------|-------------------------------------|-----------------|--------------------------------------|-----------------|---|-----------------|
| | <u>Males.</u> | <u>Females.</u> | <u>Males.</u> | <u>Females.</u> | <u>Males.</u> | <u>Females.</u> |
| Contacts | 3 | 2 | 3 | 2 | 3 | 2 |
| School Leavers 102 | 96 | | 94 | 89 | 94 | 89 |

SUMMARY OF IMMUNISING INJECTIONS DONE
UNDER THE COUNTY COUNCIL'S SCHEMES. 1958.

| | <u>By Medical Officer of Health.</u> | <u>By Practitioners.</u> |
|---|--|------------------------------|
| <u>Vaccinations of pre-school children against smallpox</u> | 34 | 34 |
| <u>Diphtheria.</u> Number of children given primary course of two injections. | 28 | 59 |
| Number given re-inforcing dose | - | 16 |
| <u>Whooping Cough.</u> Number of children given course of 3 injections. | 54 | 30 |
| Number of children given course of 3 injections of combined antigen (whooping cough and diphtheria) | - | 9 |
| <u>Poliomyelitis.</u> Number of children given 2 primary injections. | 248 | 617 |
| <u>B.C.G. Vaccine.</u> | | |
| Number of school leavers vaccinated | 183 | - |
| Number of contacts of tuberculous cases vaccinated. | 5 | - |
